

**Kids College and Parent University Register now or
call (480) 443-0050 for more information!**

Full payment*, consent form, and questionnaire, for program of interest due 1 week prior to first group meeting. Late penalties may apply:

Participant Name _____ DOB _____ Gender _____

Program Name _____ Group # (if applicable) _____

Parent or Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

Would you like to be on the mailing list for this group? Yes No

If you wish to charge your payment:

Visa Expiration Date ___/___ V-Code _____

Mastercard Account # _____

Discover Signature _____

Please mail check or money orders to:

Melmed Center
Attn: Group Coordinator
4848 East Cactus Road, Ste. 940
Scottsdale, AZ 85254

*** THERE WILL BE NO CREDIT FOR MISSED MEETINGS**